

# THE CONDE CENTER

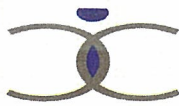
For Chiropractic Neurology

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Master Hemispheric Checklist (Page 1):

### Motor Characteristics of a Right Brain Delay

	Start of	3	6	10
	Program	wks	wks	wks
<input type="checkbox"/> Clumsiness and an odd posture	-	-	-	-
<input type="checkbox"/> Poor coordination	-	-	-	-
<input type="checkbox"/> Not athletically inclined and has no interest In popular childhood participation sports	-	-	-	-
<input type="checkbox"/> Low muscle tone-muscles seem kind of floppy	-	-	-	-
<input type="checkbox"/> Poor gross motor skills, such as difficulty learning to ride a bike and/or runs and/or walks oddly	-	-	-	-
<input type="checkbox"/> Repetitive/stereotyped motor mannerisms (spins in circles, flaps arms)	-	-	-	-
<input type="checkbox"/> Fidgets excessively	-	-	-	-



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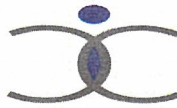
## Master Hemispheric Checklist (Page 2):

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- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Poor eye contact                     | - | - | - | - |
| <input type="checkbox"/> Walks or walked on toes when younger | - | - | - | - |

### Motor Characteristics of a Left Brain Delay

- |  | Start of | 3   | 6   | 10  |
|--|----------|-----|-----|-----|
|  | Program  | wks | wks | wks |
| <input type="checkbox"/> Fine motor problems<br>(poor or slow handwriting)               | -        | -   | -   | -   |
| <input type="checkbox"/> Difficulty with fine motor skills,<br>Such as buttoning a shirt | -        | -   | -   | -   |
| <input type="checkbox"/> Poor or immature hand grip when writing                         | -        | -   | -   | -   |



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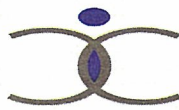
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Master Hemispheric Checklist (Page 3):

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- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> Tends to write very large for age or grade level                            | - | - | - | - |
| <input type="checkbox"/> Stumbles over words when fatigued   | - | - | - | - |
| <input type="checkbox"/> Exhibited delay in crawling, standing, and/or walking                       | - | - | - | - |
| <input type="checkbox"/> Loves sports and is good at them  | - | - | - | - |
| <input type="checkbox"/> Good muscle tone  | - | - | - | - |
| <input type="checkbox"/> Poor drawing skills   | - | - | - | - |
| <input type="checkbox"/> Difficulty learning to play music   | - | - | - | - |
| <input type="checkbox"/> Likes to fix things with the hands and is interested in anything mechanical | - | - | - | - |
| <input type="checkbox"/> Difficulty planning and coordinating  | - | - | - | - |





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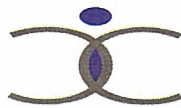
For Chiropractic Neurology

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## Master Hemispheric Checklist (Page 5):

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- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Touches things compulsively  | - | - | - | - |
| <input type="checkbox"/> A girl uninterested in makeup or jewelry                                       | - | - | - | - |
| <input type="checkbox"/> Does not like the feeling of clothes on arms or legs;<br>pulls off clothes     | - | - | - | - |
| <input type="checkbox"/> Doesn't like being touched and doesn't like to touch things                    | - | - | - | - |
| <input type="checkbox"/> Incessantly smells everything  | - | - | - | - |
| <input type="checkbox"/> Prefers bland foods  | - | - | - | - |
| <input type="checkbox"/> Does not notice strong smells –<br>Burning wood, popcorn, cookies baking, ect. | - | - | - | - |
| <input type="checkbox"/> Avoids foods because of the way it looks                                       | - | - | - | - |
| <input type="checkbox"/> Hates having to eat AND is not even interested in sweets                       | - | - | - | - |
| <input type="checkbox"/> Extremely picky eater  | - | - | - | - |



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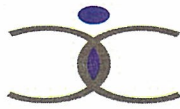
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Master Hemispheric Checklist (Page 6):

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### Sensory Characteristics of a Left Brain Delay

	Start of	3	4	10
	Program	wks	wks	wks
<input type="checkbox"/> Doesn't seem to have many sensory issues or problems, such as a sensitivity to sound	-	-	-	-
<input type="checkbox"/> Has good spatial awareness	-	-	-	-
<input type="checkbox"/> Has good sense of balance	-	-	-	-
<input type="checkbox"/> Eats just about anything	-	-	-	-
<input type="checkbox"/> Had normal to above average sense of taste and smell	-	-	-	-
<input type="checkbox"/> Likes to be hugged and held	-	-	-	-
<input type="checkbox"/> Does not have any oddities concerning clothing	-	-	-	-



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## Master Hemispheric Checklist (Page 7):

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- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> Has auditory processing problems                      | - | - | - | - |
| <input type="checkbox"/> Seems not hear well, Although hearing test are normal | - | - | - | - |
| <input type="checkbox"/> Delay in speaking was attributed to ear infections    | - | - | - | - |
| <input type="checkbox"/> Gets motion sick and has other motion sickness issues | - | - | - | - |
| <input type="checkbox"/> Is not under sensitive or oversensitive to pain       | - | - | - | - |